Attendees are encouraged to bring their AMA Guides to the program for maximum benefit.

Workers' Compensation Section of the State Bar of California

Registration Form

Note: One form per registrant. Photocopies may be used.

Choose Location	
☐ April 8, 2006 at Los Angeles Airport Marriott	
☐ June 3, 2006 at San Francisco Airport Marriott	
Bar # □ Applicant Attorney □ Defens	e Attorney 🕒 Judge
Name	
Firm	
Address	
City State Zip Code _	
Phone Fax	
E-mail	
Program package includes 6 hours of MCLE and le materials, continental breakfast and lunch.	gal specialization credits, program
Pre-Registration Fees	
☐ Workers' Comp. Section Members	\$195
☐ Non-Section Members	\$260
Includes enrollment in the Workers' Compensation	
☐ Workers' Comp. Section Enrollment Only	\$65
On-site Registration Fees are \$220 for Section Memb	eers and \$295 for Non Section Members
AMOUNT ENCLOSED/TO BE CHARGED	\$
Credit Card Information (VISA/MasterCard I/we authorize the State Bar of California to charge m VISA/MasterCard account. (No other credit card will	y/our program registration to my/our
Account Number	Visa or Master Card only
Expiration Date	
Cardholder's Name	
Cardholder's Signature	
Deadline: In order to Pre-register, your form and cheel credit card information, must be received five working	
Register online: www.calbar.ca.gov/	workerscomp

FAX TO: Program Registrations at 415-538-2368. In order to fax your registration, credit card information is MANDATORY. (Photocopies of checks will NOT be accepted)

MAIL TO: Program Registrations, State Bar of California, 180 Howard Street, San Francisco,

CA 94105